

T.N.T.C.9
CHALLAN



Remitter's copy

No.

Date.

For payment of money at

Name and address of Remitter

Nature of remittance:

D.O.Code

Data Processing Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Head of Account	Rs.	P.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

Rupees

Signature of Officer*
verifying Challan

Signature of the Remitter

For use of Bank/Treasury

Received Rs.

Cashier Manager/Accountant/SubtreasuryOfficer

Head of Account to be filled by the Head of the Department

T.N.T.C.9
CHALLAN



Treasury Copy

No.

Date.

For payment of money at

Name and address of Remitter

Nature of remittance

D.O.Code

Data Processing Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

Rupees

Signature of Officer*
verifying Challan

Signature of the Remitter

For use of Bank/Treasury

Received Rs.

Cashier Manager/Accountant/SubtreasuryOfficer

Head of Account to be filled by the Head of the Department

T.N.T.C.9
CHALLAN



Department Copy

No.

Date.

For payment of money at

Name and address of Remitter

Nature of remittance

D.O.Code

Data Processing Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

Rupees

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Signature of the Remitter

For use of Bank/Treasury

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